

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533009

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		2				
5		6				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16			1			
17				1		
18				1		
19				1		
20				1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	14	←	13	←		←
TOTAL CLAIMS	16		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						